MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597911

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ^{md} AMENDMENT	
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TOTAL IND.	0	•	0	-	0	-		
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TOTAL CLAIMS	0		0		0			
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PTO - 1360 (REV. 04/2007)